Van Harlingen (A)

ON

SCLERODERMA.

By ARTHUR VAN HARLINGEN, M.D.,
Assistant Physician to the Dispensary for Skin Diseases, Philadelphia.

REPRINTED FROM
THE AMERICAN JOURNAL OF SYPHILOGRAPHY AND DERMATOLOGY,
OCTOBER, 1873.

NEW YORK:
F. W. CHRISTERN, No. 77 UNIVERSITY PLACE.
1873.

ON

SCLERODERMA.

By ARTHUR VAN HARLINGEN, M.D.,

Assistant Physician to the Dispensary for Skin Diseases, Philadelphia.

REPRINTED FROM

THE AMERICAN JOURNAL OF SYPHILOGRAPHY AND DERMATOLOGY,
OCTOBER, 1873.

NEW YORK:
F. W. CHRISTERN, No. 77 UNIVERSITY PLACE.
1873.

Compliments of

Dr. Arthur Van Harlingen,

129 South Fifteenth St.

Philadelphia.

ON SCLERODERMA.

BY ARTHUR VAN HARLINGEN, M.D.,

Assistant Physician to the Dispensary for Skin Diseases, Philadelphia.

Scleroderma is an affection which of late years has excited considerable interest, as well on account of its comparative rarity as the very striking character of the appearances which it presents. Whoever has seen a case has had his attention instantly attracted by the rigid aspect of the skin, the immobility of the affected parts, their hardness, and frequently their change of color. It is the obviousness of the disease, perhaps, which has caused it to receive so much attention; and yet, so far, this attention has not led to much practical result.

One reason for this, perhaps, has been that the disease itself not being fatal, the only opportunity for investigating its anatomy was presented where the patient died of some intercurrent disorder. This event has happened so seldom that there have been scarcely half a dozen post-mortem examinations recorded. It is not surprising, under these circumstances, that several theories of the nature of scleroderma should have been brought forward, which tend to connect it with diseases similar in some respects but widely different in others.

It is my purpose, in the following pages, to point out the clinical features of this disease; and the attempt will be made to show its distinctive character in opposition to those views

which would connect it with other affections more or less similar.

I shall present as my text the case of a negro, about fifty years of age, the first of his race in whom the disease is reported to have occurred.* This individual displayed the affection in a quite typical form, and has been under observation for nearly two years. When I first saw him the disease had existed about twelve months; previous to this he had, excepting occasional rheumatic attacks, always enjoyed good health.

The onset of the scleroderma was marked by burning and stinging pains in the back and extremities, which were shortly followed by hardening of the skin over the fore-arms. There was no fever at this time nor subsequently, but the induration slowly progressed in extent and intensity month after month. The patient had been a laborer on the railroad, accustomed to exposure in all kinds of weather and to the use of the shovel and pick. As the disease progressed he was obliged to give up work, not from any feebleness or pain, but simply because his movements were hampered, and finally almost prevented as to the upper extremities, by the immobility of the integument. Gradually the hardening affected the skin over various parts of the body, till the unfortunate man became unable to perform any acts beyond those requiring the simplest movements. At the end of a year he could not change his clothes, but had to be dressed and undressed like an infant, presenting the aspect of a person in perfect health as regards most of his bodily functions, but bound hand and foot, as it were, by the disorder with which he was afflicted. Perhaps the expression hand and foot is too general, for one of the peculiarities of the case was that the disease did not affect the lower extremities at all, but was confined to the head, body, and arms.

When I first examined him, the indurated condition of the skin had reached its fullest development. Scarcely any portion of the head, trunk, or upper extremities was free from the disease, although it was much less marked in some places than

* I am indebted to Dr. Budd, of Mt. Holly, N. J., in whose practice this case occurred, for the opportunity of placing it on record.

in others. The fore-arms, which were symmetrical in their condition, appeared to be the seat of most decided hardening. Here the skin felt like the hide of an elephant; it was hard, rigid, and dry. In fact, these limbs seemed as if carved out of wood. The hands and fingers were not so excessively affected, but the latter were bent like claws and nearly immovable. Over the knuckles small points of incipient ulceration were apparent, showing where the pressure of the bones had been greatest against the inelastic integument. The induration, so marked on the hands and fore-arms, became much less so toward the upper part of the arms; while around the caps of the shoulders and in the axillary regions little or no hardness could be detected. The posterior surface of the neck and trunk was decidedly though not intensely indurated, while anteriorly the neck was but slightly affected, the chest and abdomen being much more so. Below, the sclerosed skin faded gradually into the normal integument about the inguinal region and over the flanks and buttocks. The scalp and face were slightly hardened—the latter sufficiently so to cause a fixed, immobile expression of countenance—and the patient was unable to pucker his lips into a proper form for whistling. Over the fore-arms, where the disease existed in its most intense stage, the skin was dry and scaly, and the patient was accustomed to lubricate these parts with fats of various kinds to relieve the tension, and if possible render them more supple.

Of course, with such a condition existing, it was evident that the functions of the sudoriparous and sebiparous glands were arrested. In other localities the induration did not seem to have affected these glands, for examination (carried on while the thermometer stood at 90°) showed abundant secretion. Sensibility, though slightly diminished, was nowhere very decidedly so, while sensations of heat and cold were everywhere acutely perceived.

There could be no doubt but that considerable alteration in the color of the skin had taken place. The patient assured me —and his statement was confirmed by one of his fellow-laborers—that his color was formerly light brown; at the time of observation, however, this was very much darker, in many

places nearly black. The depth of color did not seem to depend on intensity of induration, for the darkest parts were by no means those where the disease was most marked.

A peculiar mottling of the skin was observed in some places: the fore-arms and abdomen were thus marked in patches of several inches' area. It is difficult to describe this mottling accurately; perhaps the general effect, as seen at a glance, might be compared to that which would be produced by sprinkling some decolorizing fluid over the surface by the shake of a brush. It consisted of small, well-defined spots of more or less decolorized skin, occasionally coalescing into patches. In some places the spots were very light brown, in others grayish, or pearly white. Excepting in want of pigment, these spots differed in no respect from the skin immediately surrounding. On the fore-arm, the skin of these patches was thick and hard, on the face and abdomen softer. Where the white patches were largest, one could frequently distinguish black points corresponding to the openings of the sebaceous follicles, and evidently indicating a very decided pigmentation of their epithelial lining. In my inspection of the patient I was struck by this mottled appearance, but after careful examination, failed to make out any connection between it and the sclerodermic condition; I note it, however, as a curious accessory to the general appearance. I should add, that the hairs, although somewhat thinly scattered over the various parts of the body, presented no abnormality save in the fore-arms, where their growth seemed entirely suppressed. Through all his skin-trouble the patient's general health continued very good.

I had an opportunity of examining him again a year and a half later, when little or no change was found to have taken place in his condition. The skin of the face seemed harder, that of the chest less so, but there was in reality but little difference.

The foregoing may be considered a typical case of scleroderma; analyzing its chief clinical features, we get the following result: *Hardness.* The skin was hard everywhere; like leather, hide, or wood. *Diffusion.* The affection was diffused: not limited to one locality, but extending over a large surface;

it had no distinct boundary, but faded into the natural integument. *Symmetry.* It was symmetrical: both sides were attacked simultaneously, and affected to the same degree; and it was confined to the upper half of the body. *Color.* There was decided pigmentation: with the exception of the mottled areas alluded to, the tint of the skin was uniformly darker. *No fever.* There was entire absence, so far as the patient could remember, of any feverish symptoms accompanying the attack. *Œdema.* There was no swelling or œdema of the parts affected. *Slowness of attack.* The disease spread slowly, and did not attain its height for some months. *Boundary.* It had no distinct boundary or line of demarcation from the healthy skin, but faded into it imperceptibly at all points; it was diffused over nearly the whole surface of the upper half of the body. *Non-elevation.* The diseased portion was nowhere raised above the general surface, and contained no tubercles or ulcers of any kind, save the small incipient ones over the knuckles resulting from pressure. *Temperature.* Although the temperature was not taken with the thermometer, yet there was no reason to believe that the indurated skin differed in this respect from the more normal integument. *Sensibility.* The sensibility of the skin was unaffected, except in the most intensely sclerosed parts, and even there very slightly so. *Glands.* The glands were nearly unaffected; only in the most markedly indurated parts of the skin were their functions interfered with: the same may be said of the hairs. *Chronicity.* The course of the disease was decidedly chronic: up to the date of latest note it had run on nearly unchanged for two and a half years.

So much for the case above given; now let us compare it with those reported by other observers. Of these, I have collected references to some seventy-nine. As these references are scattered through many journals, I place them together at the end of this article to aid any one who may be disposed to look up the original papers. The list includes all the cases which could be found reported, under the various names of sclerema, scleriasis, scleroderma, sclerodermia, sclero-stenosis, sclerema-adultorum, sclerosis-dermatos, teleo-sclerosis-rheumatica, cutis tensa chronica, chorionitis, &c., &c.

I do not wish to seem to endorse these seventy-nine cases as cases of scleroderma—far from it; my object in writing this paper is in part to distinguish some of these cases from those of the disease under consideration. However, all cases reported under the name of scleroderma, or its synonyms, are there to be found, and from that list I have selected for comparison those reported by the following writers, as the most accurately noted ones accessible to me.

Rilliet (2 cases), Gillette, Henke, Bouchut, Thirial (3 cases), Arnold (3 cases), Curran, Fagge (2 cases), Barton, Day, Förster, Köhler, Auspitz, Arning, Gaillot, Nordt, Forget, McDonnel, Fieber, Pastureaud, and Wilson.

These twenty-eight cases, including my own, are I think a sufficient number from which to generalize; and I shall now give the result of their analysis.

Sex.—In this respect my case was among the minority, since the greater number by far of all reported cases of scleroderma have occurred in women. In the twenty-eight cases analyzed, twenty were females, while only eight were males.

Age.—Scleroderma may occur at any age, but perhaps it is more usual in the period of early and middle adult life.

Previous Health and Predisposing Causes.—The previous health of most patients has been reported as fair; some, however, had been wasted by privation or exhausting disease, though this was only the case in one or two instances. Several had suffered from more or less frequent attacks of rheumatism, and in quite a number of patients such attacks had immediately preceded the appearance of the scleroderma. This fact would seem to indicate some connection of cause and effect between the two diseases, but sufficient observations have not yet been made to warrant any conclusions in this respect. Exposure to wet and cold, and in some females the sudden cessation of the menstrual discharge from emotional or other causes, have seemed to predispose to the attack of scleroderma. It must be admitted, after all, that in most cases no cause for the attack could be ascertained.

Hardening of the Skin.—The induration, which is so marked a symptom of the affection under consideration, is variously

described in different cases, and writers seem to vie with one another in their attempts to express vividly the peculiar sensations offered to the sight and touch.

In some cases the skin is described as being "of stony hardness," "hard as a board," "feeling like a frozen corpse without the sensation of cold," etc. In other cases the skin is compared to "brawn" or "leather." Adherence of the skin to subjacent tissues is not uncommon—hide-bound, perfectly immovable, are the expressions used. In my own case the skin of the fore-arms was thus bound down, and it was this condition to which I referred, in remarking that these limbs seemed as if carved out of wood. It should be added that the underlying muscles are generally more or less wasted, particularly those of the limbs.

Diffusion and Symmetry.—One of the most distinctive characteristics of scleroderma is symmetry and diffusion, as distinguished from localization. Commencing, as it most generally did in the cases analyzed, on the back of the neck, the disease spread equally on either side of the median line; or, when it began in the limbs, usually both were attacked at once. The surface covered was almost invariably large; those cases in which the disease seemed to tend toward localization were doubtful as regards their other relations to typical scleroderma.

A point which I wish especially to insist upon under this head is, that no distinct boundary existed to the areas of indurated skin. This is a characteristic of scleroderma which is particularly worth noting, as it serves to aid in its diagnosis in many cases. At every point the hardened integument, in the analyzed cases, faded imperceptibly into normal skin.

Color.—The color of the affected skin varied much in different cases. In about one-half, decided pigmentation in various degrees existed, while in the remaining cases the skin either retained its normal tint or became pale, yellowish, or waxy in color. It was observed in several cases, including my own, that the pigmentation was much more decided in the immediate neighborhood of the sebaceous follicles, whose epithelium was doubtless the seat of such deposit. It was also noted, in a

certain number of cases, that the appearance of spots or patches of pigmentation at various points preceded and announced the induration of the skin in those localities.

No fever.—Neither fever nor inflammatory symptoms of any kind ushered in, accompanied, or followed the disease in any typical case, and where such symptoms were noticed it was generally found that the case was a doubtful one as to its resemblance to scleroderma in other respects.

Œdema.—Œdema was noticed in some cases, but usually in those least typical in character, and frequently without bearing any direct relation to the scleroderma. In connection with this it should be mentioned that in several cases œdema of the hands or feet was noticed, and seemed to be dependent upon interference with the circulation in those extremities produced by the constriction of hardened skin above.

Rapidity of attack.—The rapidity with which the disease attacked and spread over the skin varied greatly in different cases. In some a few days sufficed to bring a large portion of the surface into an indurated condition, while in others the onset was so insidious that the first intimation the patient had of his trouble was a change of color in the affected parts. I confess that it is difficult to reconcile the widely differing accounts of this feature of scleroderma, but I am inclined to believe that the tendency is generally toward a slowly progressive hardening rather than a rapid change.

Non-elevation, &c.—In no case was there any marked elevation of the indurated skin above the level of the surrounding and unaffected parts. In regard to ulceration, it may be said that, where the tightened skin plays over prominent bony points, as the knuckles, a tendency to ulceration is often observed. Ulcers found under any other circumstances must owe their origin to some other cause than that which produces hardening of the skin and the other essential features of scleroderma. In fact, I think we are warranted in excluding from the category of cases of this disease those in which ulceration plays more than an accidental and secondary part.

It is the same with regard to elevations or tubercles of any kind. Nothing of the sort was found in typical cases, although

some (or at least one—Rasmussen's) not included in those here analyzed were said to have displayed tubercular elevations. There is something so unusual and out of character in the appearance of nodular or similar elevations, that they must be looked upon with great suspicion when occurring in cases of so-called scleroderma.

Temperature.—The temperature of the affected parts was in most cases very little altered. In a few it seemed somewhat lowered, but never increased. This in fact is in accordance with what we know of the disease, for it has nothing of an acute inflammatory character in connection with its clinical history.

Sensibility.—Cutaneous sensibility was most usually unaffected; in a few cases anæsthesia or hyperæsthesia was noticed as seeming to exist to a limited extent.

Glands and Hairs.—The sudoriparous and sebiparous glands were usually unaffected, excepting in parts where the induration had progressed to a very marked degree. Only in one or two cases (including my own) their secretion was noted as having apparently ceased; and then only over a limited area. The hairs were usually unaltered, but in a few cases they were said to have been diminished in number, short, dry, and lustreless.

Chronicity.—Scleroderma runs a course decidedly chronic in its duration; many cases having been under observation for years with little or no change either toward amelioration or otherwise, and this, under the persistent use of the most decided and varied treatment. On the other hand, the disease has sometimes slowly disappeared without seeming to have been in any way affected by medication. Those cases in which recovery was said to have taken place in a few days or weeks are exceptional, and open to the same suspicion as those in which the disease was limited in extent, accompanied by ulceration or inflammatory symptoms, or where the boundary was raised and marked by tubercles or nodules.

Co-existent affections.—The presence of scleroderma does not necessarily preclude the co-existence of other affections; in several cases acne, comedones, eczema, or pruritus, were, one or the other, found associated with the disease under consideration, and in the same localities.

Non fatal.—Scleroderma is in itself not a fatal affection. In those few cases where death occurred while the patient was under observation, it was usually from some intercurrent disease, totally unconnected with the scleroderma. It is true that in one case death was hastened by the extremely inflexible condition of the facial integument, which interfered greatly with deglutition, while in some others respiration was much impeded through immobility of the thoracic walls.

Anatomical characters.—The above picture of the clinical features of scleroderma would be incomplete without the addition of its anatomical characters. These, so far as they have been determined by microscopic examination of the skin in the few cases in which such examination has been made, are as follows:—*Epidermis.* Unchanged, excepting that a deposit of pigment is usually found in the lower layers, or more generally in the rete. *Papillæ and corium.* The papillæ and corium seemed to be the principal seat of pathological change; all their elements being sometimes increased in amount. It may be said that the principal feature in this change *was* the increase in amount of white fibrous and elastic tissue. Bundles of white fibrous tissue were in some cases observed, intermixed with curling elastic fibres, and traversed here and there by fasciculi, broader and larger than natural, of involuntary muscular fibre. *Subcutaneous connective tissue.* This was generally pretty well deprived of fat and sometimes converted into a structure resembling the corium. The fat-cells themselves were more or less shrunken, had lost their rounded form and showed nuclei plainly. In some cases the process had gone on so far that the loose, meshy, connective tissue was converted into a firm compact mass, while in others it became a dense fibrous tissue, abundant in cells.

Glands. The glands were generally unaffected, or contained a deposit of granular pigment in their walls. In one case the sudoriparous glands were drawn out, so that sections of single portions of them were removed, and the intervening space filled with fibrillated connective tissue. In another, the convoluted tubes were subjected to such pressure that they were crowded into spaces too small for them, and became oval—indicating a considerable amount of outside pressure from the

hypertrophied fibrous tissue, but no change in the glands themselves. This agrees with what has been observed of the unchanged performance of the functions of these glands, excepting where the induration was most intense and of longest duration, and where we may suppose that they were practically obliterated by outside pressure. *Nerves.* The nerves were usually present and unaltered, but in one case were said to have been entirely covered by the increase of connective tissue.

The above analysis gives, it is believed, a pretty fair idea of the characteristic features of scleroderma, as set forth in the best known and most accurately reported cases. That many cases reported as coming under this head differ widely in some of their details from those above mentioned, I freely admit; but maintain, at the same time, that the analysis given represents the affection in all its essentials; so that, whatever case varies greatly from the type in these respects must be regarded with suspicion. I shall conclude this part of my subject by proposing the following definition of scleroderma based on the analysis just given.

Scleroderma is an affection of the skin, characterized by diffused symmetrical hardening, and generally accompanied by more or less pigmentation. Beginning in some particular locality, without febrile disturbance, swelling, or œdema, the induration spreads with greater or less rapidity over a considerable extent of surface. The affected parts fade gradually into those which remain healthy, without any distinct line of demarcation, and they are on a level with the general surface, neither raised nor depressed, and contain no tubercles or other elevations. The temperature of the affected surface is either normal or slightly depressed. The general sensibility, as well as the functions of the glands are unaffected, save in the advanced stages of the most severe cases. It runs a chronic course, uninfluenced or nearly so, by therapeutical applications, and has no tendency to a fatal termination. Pathologically, the disease consists, essentially, in a great increase in the fibrous elements of the corium and papillary layer, decrease of fat in the subcutaneous connective tissue, and deposit of pigment in the lower layers of the epidermis and in the rete.

Having given the above definition, I desire to maintain the individuality of scleroderma on this basis. In order to attain my object, it will be necessary to criticise two at least of the writers who have presented views concerning the nature of this affection, tending to connect it with others which they believe to be of a similar character.

The observations of these writers, Rasmussen and Fagge, have attracted considerable attention. The paper of the former (of which a translation appeared in the "Edinburgh Medical Journal," see reference) was entitled, "On Sclerodermia and its relation to Elephantiasis Arabum." In this he endeavored to prove a connection between the two diseases, and produced, by way of evidence, a very carefully noted case with post-mortem.

Whether this case of Rasmussen's was or was not one of scleroderma seems to me to be very doubtful; it certainly was far from being a typical case in many respects, as will appear from the following abstract, taken from the translation just mentioned. The case was that of a woman forty six years of age, who, twenty-one months previously, had noticed a number of small knobs which began to be formed in the right breast, it having been much exposed to pressure from her work. These by degrees coalesced into a hard mass, and at the same time the breast contracted gradually. While she had no pain in the breast, yet there was violent pain in the right arm. Ten months later she was attacked with fever and pain in this limb, where erysipelatous redness and swelling set in, extending in the course of the next few days over the whole arm and down the trunk. The arm was much swollen, bullæ formed, and this was followed by high fever of an almost typhous character. Of this she entirely recovered, but shortly after her dismissal from the hospital, a month after the beginning of the attack, the swelling began again to form in the right arm, although this time without febrile symptoms or pain. This swelling seems to have extended from the right mamma over toward the shoulder, and thence down toward the hand, which itself afterwards became swollen. The same condition affected the scapular region, the whole anterior and right lateral surface of the right breast, the middle of the neck, and crossing the middle

line of the body to the left breast. At the time of the first observation, twenty-one months after the earliest symptoms had shown themselves, the right breast and a portion of the right lateral region of the trunk were hardened, as well as the whole arm and hand, excepting the flexures of the joints.

The right breast was contracted, but the arm and hand were swollen to double the normal size. The color of the affected parts was normal in the arm, brownish and streaked with red over the breast; the skin was very hard, especially on the latter. The boundary was sharply defined and irregular, and the induration at this point seemed to consist of knots as large as peas, which coalesced internally toward the more hardened parts. The patient died not very long afterwards of a kind of haemorrhagic pleurisy. The post-mortem examination showed considerable œdema in the arm, while the skin of the breast formed an indurated mass of fibrous tissue, under which the subcutaneous fat existed in diminished quantity. At some points, tubercles as large as nuts, and of a fibrous nature similar to the general hardened skin, were found in isolated positions, lying in the otherwise natural subcutaneous connective tissue.

Microscopic examination showed the epidermis and rete natural, except a deposit of pigment in the latter. The papillæ were normal; the corium somewhat thickened, and containing fine elastic filaments in tolerable abundance. In the more perfectly sclerosed parts of the skin the boundary between the corium and subcutaneous connective tissue was absent, and the whole was a mass of connective tissue with exceedingly abundant elastic filaments, everywhere forming dense networks, which were met with also in the papillæ. It should be said that the former condition existed in the arm, while the more perfectly sclerosed parts were those in the mammary region, which were alluded to in the last paragraph. In the arm, where it is evident that the sclerosed condition existed slightly or not at all, that state of the vessels was found which Rasmussen thinks goes toward proving a connection between scleroderma and elephantiasis arabum. Here there was a considerable development of "cell broods" around the vessels of the skin and subcutaneous connective tissue.

It will be seen that the above case was wanting in some of the most characteristic features of scleroderma, while in others it departed greatly from the typical form of this disease. Thus, it will be noticed to have been non-symmetrical, to have been ushered in by fever and erysipelatous inflammation, to have been accompanied by œdema to a marked degree; and, finally, to have presented tubercular elevations around the sharply defined border, and a surface in some parts streaked with red, and otherwise differing from the usual color of the skin in scleroderma. More particularly did it differ from scleroderma in its pathological anatomy; since the peculiar formation of "cell broods," or "lymph sheaths" around the vessels (on which Rasmussen relies to show the supposed relationship between scleroderma and elephantiasis arabum) was found in the arm. But in the arm the clinical appearances resembled those found in scleroderma very slightly, much less so than in the breast, where no such sheaths were noted. As Dr. Fagge also remarks,* "The assumption that the swollen and œdematous condition is an early stage of that observed in the chest, and would have passed into it, appears quite arbitrary."

Dr. Fagge,† on the other hand, devotes himself to the task of proving a similarity between scleroderma and the keloid of Addison. In order to do this he produces a series of cases, which, commencing at one extreme with those reported by Addison himself, gradually approach in their characters the doubtful cases of scleroderma, and finally end with cases which are undoubtedly good representatives of the latter affection. This method of showing the connection between the two affections is, it seems to me, quite fallacious. For, although in the hands of so able a writer as Dr. Fagge, it seems to bear conviction with it, yet it is open to the objection that, by the same means, almost any two diseases might be made out to be closely related if not identical. Dr. Fagge admits, after the allusions made to Rasmussen (*loc. cit.*), that the diagnosis of scleroderma is a less simple affair than he had formerly supposed, and that there may be several diseases closely related

* Guy's Hosp. Reports, vol. xv., p. 304. 3d ser., 1870.

† *Ibid.*, vol. xiii., p. 282. 3d ser., 1868.

and belonging to the same group which will be one day separated, while at present they are confounded together. The time, it appears to me, has arrived when —whatever may be said of the co-relative diseases, keloid of Addison, morphœa, linear atrophy, etc.,—we may at least separate and define scleroderma with some degree of certainty.

Before concluding I must say a few words regarding Addison's keloid, a disease which, as described by that author, has scarcely a trace of resemblance to scleroderma. The pathological anatomy of the keloid of Addison has not yet been investigated, but the clinical features are so different that it is worth while to compare them for a moment with those of scleroderma, to see how great the contrast is. In Addison's keloid the disease makes its appearance in the form of one or more small brown patches, which become somewhat larger afterwards, and when fully developed resemble plates of ivory or parchment let into the skin, and surrounded by a pinkish or rose-colored vascular halo. These patches are non-symmetrical, usually not numerous, and never cover any extended surface. They either fade away very slowly, or seem after a while to change character by becoming puckered, and throwing out branch-like processes of brown, raised, semi-cicatricial tissue. The affected parts are usually very decidedly deficient in sensibility, and the typical patches seem to consist of *a deposit of new material* in the substance of the skin. Such are the appearances presented in undoubted cases of Addison's keloid; and even Dr. Fagge finally admits, after comparison with "scleriasis" (scleroderma), that the two affections "make two well-marked pathological groups." Under these circumstances I must protest against connecting the two diseases, as Dr. Fagge suggests, by using the terms "diffused" and "circumscribed scleriasis," to indicate scleroderma and Addison's keloid.

The compromise which some writers have made with the ideas of Rasmussen, by admitting an early œdematous stage in the history of scleroderma, is also objectionable, and not sustained by any facts which I have been able to ascertain.

Finally, as regards other cases of hardening of the skin, included in the list below as reported cases of scleroderma, those

which have as prominent features in their clinical history, acute inflammation of the skin, marked œdema (except where occurring under the circumstances mentioned in the analysis under this head), or where the disease is confined to a limited area, should, I think, be in future excluded from the category of cases of scleroderma.

BIBLIOGRAPHY.

Zacutus Lusitanius.[1] Diemerbröck.[2] Curzio.[3] Currie.[4] Roger.[5] Grandidier.[6] Henke.[7] Thirial.[8] Villemain.[9] Bouchut.[10] Forget.[11] Gintrac.[12] Thirial.[13] Putégnat.[14] Brück.[15] Fantonetti.[16] Grisolle.[17] Pelletier.[18] Rilliet.[19] Frank.[20] Ecström.[21] Gillette.[22] Guillot.[23] McDonnel.[24] Fuchs.[25] Fiedler.[26] Oulment.[27] Wernicke.[28] Rilliet.[29] Förster.[30] Arning.[31] Nordt.[32] Mosler.[33] Köhler.[34] Bazin.[35] Gamberini.[36] Bintz.[37] Plû.[38] Köbner.[39] Paulicki.[40] Rasmussen.[41] Arnold.[42] Curran.[43] Barton.[44] Fagge.[45] Day.[46] Wilson.[47] Rossbach.[48] Auspitz.[49] Piffard.[50] Pastureaud.[51] Fieber.[52] T. Fox.[53] Neumann.[54] Anderson.[55] Pepper.[56] Kohn.[57]

The following writers are alluded to as having published accounts of cases, but I am unable to find any references for them: Rayer, Leisrink, Hourteloup, Ravel, Panas, Raynaud, Cassanova, Pierquin.

[1] De Praxis. Med. Admir., Lib. iii., obs. c.

[2] Anatomes, Lib. viii., cap. i.

[3] Recueil Périodique d'observations, etc., 1754, p. 96.

[4] Ancien. Jour. de Médecin, 1754.

[5] l'Union Médicale.

[6] Bad. Neuendorf. bei Hautkr.; Allgemein. Med. Central-Zeitung, Bd. iii., p. 409.

[7] Handbuch zur Erkenntniss u. Heilung der Kinderkrankheiten, 1809.

[8] (Two cases.) Gaz. Méd. de Paris, 1845, p. 523. Quoted from "Jour. de Méd."

[9] Gaz. Hebdom., 2d sér., i., 45.

[10] Gaz. Méd. de Paris, 1847, p. 771.

[11] Gazette de Strasbourg, No. 6, 1847. Schmidt, 56, 184, 185.

[12] Cours théorique et clinique, de Pathol. interne, et de Therap. Med., tome v.

[13] l'Union Méd., 1847, p. 422.

[14] Jour de Méd., Oct. 1847. Schmidt, v. 62, p. 57.

[15] Hannov. Ann., vii., 5 u. 6, 1847. Schmidt, v. 64, p. 311.

[16] Trans. in Gaz. Méd. de Paris, 1848, p. 593.

[17] Gaz. des Hôp., 1847, p. 209.
[18] Rév. Méd. Chir., 1848, p. 84.
[19] Rév. Méd. Chir., 1848, p. 79.
[20] Die Hautkrankheit. 1848.
[21] Hygeia, Bd. ii., No. 2. Schmidt, v. 70, p. 319, 1851.
[22] Archives Gén. de Medecine, 5me sér., No. ii., p. 657, 1854.
[23] Archives Gén., 5me sér., No. iv., p. 660, 1854.
[24] (Two cases.) Dub. Hosp. Gaz., 1855, vol. ii., p. 6. Ibid., 1856, vol. iii., p. 296.
[25] Bericht über die Med. Klin. zu Göttingen, 1855, p. 192.
[26] (Two cases.) Deutsch. Klin., 1855, p. 34. Canstatt, iii., 3, p. 360, 1855.
[27] Rév. Méd. Chir. de Paris, 1855, xvii., p. 321.
[28] Jenaische Zeitschrift für Med. u. Naturwissenschaft.
[29] (Two cases.) Traité Clin. et Prat. des Mal. des Enfants, Rilliet et Barthez, 1861, I., ii., pp. 107, 112.
[30] Würtzburger Med. Zeitschrift, 1861, vol. ii., p. 294.
[31] " " " " p. 186.
[32] Virchow's Archives, 1861, v. 22, p. 198.
[33] (Three cases.) Virchow's Archives, 1862, v. 23, p. 167, and 1865, v. 32, pp. 321 and 325.
[34] Würtemberg Med. Correspondenzblatt, 1862, v. 32.
[35] Affections Cutanees Artificielles, Paris, 1862, p. 355.
[36] Journal de Bruxelles, Jan. 1864.
[37] Schmidt's Jahrbuch, 1865, p. 45.
[38] Gazette des Hôp., 1866, p. 307.
[39] Klin. et Ex. Mittheil. aus der Dermatologie u. Syphilologie, Erlangen, 1864, p. 29.
[40] Beiträge zur Sclero. Archiv f. prat. Anat. u. Phys., 43, p. 234.
[41] Translated in Edinburgh Med. Jour., v. xiii., Pt. 1, p. 200.
[42] (Three cases.) Am. Jour. Med. Sci., v. lviii., p. 87, 1869.
[43] Edinburgh Med. Jour., vol. xvi., p. 112.
[44] Dublin Quart. Jour., vol. xlviii., p. 123, 1869.
[45] (Two cases.) Guy's Hosp. Reports, v. xv., p. 298.
[46] Am. Jour. Med. Sci., v. lix., p. 350, 1870.
[47] (Two cases.) Jour. Cutaneous Med., v. iii., p. 195 and p. 505, 1869–70.
[48] Virchow's Archives, about 1870–71.
[49] Wien. Med. Wochenschrift, quoted by Neumann, Skin Dis., Am. ed., p. 295, 1872.
[50] (Two cases.) New York Med. Gaz., vol. vii., No. 4, p. 52, 1871.
[51] Ann. de Dermatol. et de Syph., tome 3me, p. 332, 1872.
[52] Quoted by Neumann. Skin diseases, Am. ed., p. 296, 1872.
[53] Med. Times and Gazette, vol. ii., 1872.
[54] (Three cases.) Wien. Med. Presse, ab. 1872.
[55] Analysis of 11,000 Cases of Skin Disease, Lond. 1872, p. 56.
[56] Am. Jour. Med. Sci., v. lxii., p. 149.
[57] (Two cases.) Virchow's Handb. der sp. Path. u. Therap., Bd. iii., 2d Theil, 1. Lief., p. 76, 1870.

THE AMERICAN JOURNAL

OF

Syphilography and Dermatology.

EXTRACT FROM THE LANCET MAY 25th 1872.

"THE AMERICAN JOURNAL OF SYPHILOGRAPHY AND DERMATOLOGY, edited by M. H. HENRY, M.D., etc., published quarterly, 8vo.—New York, F. W. Christern.

"We now fulfill an intention, which we have had for some time past, of directing the special attention of our readers to this excellent journal, the numbers of which have for the last two years appeared under the editorship of Dr. HENRY, of New York. The subject of Dermatology seems to have greatly fascinated the rising generation of American physicians, if we may judge by the large number who are to be found visiting the schools of Vienna, London, and other places, with a view to acquaint themselves with the practice of foreign Dermatologists. The promoters of THE AMERICAN JOURNAL OF SYPHILOGRAPHY AND DERMATOLOGY did wisely in giving their journal to the world, and thus affording, in the first place, a convenient platform, especially for American Dermatologists and Syphilographers, to meet and ventilate their various opinions; and, in the second place, a convenient locale for the storehouse of valuable facts. The contents of the JOURNAL consists of original articles, which have always been excellent clinical contributions, reviews, therapeutical notes, and an epitome of current literature. In selecting articles from foreign journals, the editor has published *in extenso* only contributions from the first authorities. The Americans have a great power in sifting out the useful and the practical from the mass of merely theoretical and speculative matter, and this faculty seems to have been specially exercised in the serial under review. As an instance of the kind of article which the practitioner will find in the JOURNAL, we may instance that which appears from the pen of Dr. Henry, in the last (April, 1872) number, now before us. It is a *resume* of the treatment of venereal diseases, as pursued in the Vienna Hospital under the direction of Prof. Von Sigmund, and it includes all the formulæ used by that distinguished man in his practice. Speaking of the work from a knowledge of the nine or ten numbers which have already appeared, we cannot refrain from congratulating the profession in America on the possession of so good a journal devoted to cutaneous medicine. It is a work, moreover, of particular value to the English practitioner who may care to keep himself *au courant* with the progress of Dermatology, and it may conveniently supply the place of an English work of the kind. To those who are studying the subject of Dermatology in England, we particularly commend THE AMERICAN JOURNAL OF SYPHILOGRAPHY AND DERMATOLOGY."